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CONFIRMATION NO. 5649

<b>SERIAL NUMBER</b> 10/823,864	<b>FILING OR 371(c) DATE</b> 04/13/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 1440.1024-002
<b>APPLICANTS</b> Terry B. Strom, Brookline, MA; Xin Xiao Zheng, Brookline, MA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/576,944 05/22/2000 ABN which is a CON of 09/075,311 05/08/1998 ABN				
<b>** FOREIGN APPLICATIONS *****</b> <i>OK M</i> <i>now E M</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/23/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input checked="" type="checkbox"/>		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 21
Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		<b>INDEPENDENT CLAIMS</b> 8		
<b>ADDRESS</b> 21005				
<b>TITLE</b> Transplant tolerance by costimulation blockade and T-cell activation-induced apoptosis				
<b>FILING FEE RECEIVED</b> 1378	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	